

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT Eastern District of Pennsylvania		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) VitaminSpice		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) Qualsec	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 20-5776355			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 996 Old Eagle School Road, Suite 1102 Wayne, Pennsylvania 19087		MAILING ADDRESS OF DEBTOR (If different from street address) 	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Chester		ZIP CODE 19087	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY	

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Name of Debtor VitaminSpice

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
John Robison

Name of Petitioner _____ Date Signed _____

Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
John Robison
707 S. 2nd. Street
Philadelphia PA 19147

x Peter Sheridan 8/2/11
Signature of Attorney _____ Date
Peter Sheridan

Name of Attorney Firm (If any)
P.O. Box 12331, Philadelphia, PA 19119

Address
(617) 759-0099

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
IBT South Florida LLC

Name of Petitioner _____ Date Signed _____

Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Ray Suprenard, Manager
757 SE 17th Str.#339,
Fort Lauderdale, FL 33316

x Peter Sheridan 8/2/11
Signature of Attorney _____ Date
Peter Sheridan

Name of Attorney Firm (If any)
P.O. Box 12331, Philadelphia, PA 19119

Address
(617) 759-0099

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Learned J. Hand

Name of Petitioner _____ Date Signed _____

Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
710 Market Street
Chapel Hill NC 27516

x Peter Sheridan 8/2/11
Signature of Attorney _____ Date
Peter Sheridan

Name of Attorney Firm (If any)
P.O. Box 12331, Philadelphia, PA 19119

Address
(617) 759-0099

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
John Robison, 707 S.2nd Street, Philadelphia PA 19147	Promissory note + interest	58,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
IBT South Florida LLC, 757 SE 17th Str,#339, Ft. Laud. FL	Promissory note + interest	38,500.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Learned J.Hand, 710 Market Street, Chapel Hill NC 27516	judgment	262,701.24
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	

1 continuation sheets attached

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Case No. _____

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
 Signature of Petitioner or Representative (State title)
Jehu Hand
 Name of Petitioner _____ Date Signed 8-2-11
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____

x _____
 Signature of Attorney _____ Date 8/2/11
Peter Sheridan
 Name of Attorney Firm (If any) _____
P.O. Box 12331, Philadelphia, PA 19119
 Address _____
(617) 759-0099
 Telephone No. _____

x _____
 Signature of Petitioner or Representative (State title)
Esthetics World
 Name of Petitioner _____ Date Signed 8-2-2011
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____

x _____
 Signature of Attorney _____ Date 8/2/11
Peter Sheridan
 Name of Attorney Firm (If any) _____
P.O. Box 12331, Philadelphia, PA 19119
 Address _____
(617) 759-0099
 Telephone No. _____

x _____
 Signature of Petitioner or Representative (State title)
 Name of Petitioner _____ Date Signed _____
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____

x _____
 Signature of Attorney _____ Date _____
 Name of Attorney Firm (If any) _____
 Address _____
 Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner Jehu Hand, 24351 Pasto Rd.#b, Dana Point CA 92629	Nature of Claim expense reimbursement	Amount of Claim 25,151.20
Name and Address of Petitioner Esthetics World, 1005 Country Club Drive, Cheyenne WY	Nature of Claim cash on deposit	Amount of Claim 30,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

_____ continuation sheets attached